

**Alaska Department of Revenue
Permanent Fund Dividend Division**

2023 Adult Certification Form

Printed Name		Daytime Telephone Number
Social Security Number	Date of Birth	Message Telephone Number
Mailing Address		Email Address
City	State	Zip Code

Read the following statements carefully and sign below. **Do not change anything.** If you do, we may deny your application.

NOTE: "Date of application" means the date on which an application for a dividend is timely filed or delivered per 15 AAC 23.993 (b) (1) & (2).

I certify that on the date of application:

- I was and intended to remain an Alaska resident indefinitely.
- I did not claim residency in another state, territory, or country.
- I was an Alaska resident for all of 2022.
- I was physically present in the state of Alaska for at least 72 consecutive hours in 2021 or 2022.
- If an application was filed on my behalf, the information reported on the application is true and accurate.

I understand that if what I say is not true, it is a criminal offense and if I am convicted, in addition to any criminal penalties:

- I will lose this dividend and all future dividends.
- I will be required to pay back all dividends that I have been paid.

I understand that if I am a United States citizen and otherwise eligible to vote*:

- I will be automatically registered to vote at the residential address provided on this application.
- I will have the option to decline to be registered to vote by replying to an official letter I receive in the mail from Alaska's Division of Elections.

*Any questions regarding the automatic voter registration should be directed to the Division of Elections at (907) 465-4611.

I understand that if I deliberately misrepresent or recklessly disregard a fact, I am liable for civil penalties:

- I could lose this dividend and my next five dividends.
- I may have to pay a fine of up to \$3,000.

By submitting this application, I am consenting to registration with the U.S. Selective Service System, if so required by law.

Release of Information: I authorize the release of confidential records to the Alaska Department of Revenue necessary to verify my eligibility for the Permanent Fund Dividend, including but not limited to confidential records from financial, private, and education institutions; state, federal, or other public agencies, including but not limited to Internal Revenue Service, Social Security Administration, the Alaska Department of Health (DOH), Division of Public Assistance and the Alaska Department of Family and Community Services (DFCS), Alaska Office of Children's Services; any other state or country, including but not limited to state and local taxes, employment, education, or public assistance benefits. I understand that this information may be used in administrative and/or criminal proceedings. I agree that a copy of this authorization is as valid as the original.

I certify that the information supplied on and with my application was true and correct.

Your Signature	Date
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